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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/GB97/02667 09/29/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/09/2003**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GBN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

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**TITLE**  
 Diagnosis of spongiform diseases

<b>FILING FEE RECEIVED</b> 1230	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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